



# PLANNED LEGACY GIVING

## INTENT FORM

*Thank you for sharing the news of your planned gift with us! Your gift will ensure that our work shines on for many bright years in the future.*

**Please take a moment to fill out this form regarding your gift.**

**Printed Name** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Family Member Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Estate Attorney / Professional Advisor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Firm** \_\_\_\_\_ **Email** \_\_\_\_\_

**Please designate my/our gift to the following:**

Unrestricted Funding

Sunshine's Investment Fund

Other: \_\_\_\_\_

**Additional Information**

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## INTENT FORM CONTINUED



### The gift in my/our:

- Will
- Life Insurance Policy
- Trust
- Retirement Assets
- Other \_\_\_\_\_

### Projected Gift Value

Understanding that the projected value of some planned gifts will change over time, this is for informational purposes only.

- The approximate value of the gift today is \$ \_\_\_\_\_
- I prefer not to disclose an amount at this time.

### May we list you as a member of The Shine on Society?

- YES! Please feel free to publish my name in recognition of my gift and as motivation for others to leave planned gifts!  
I/we wish my/our recognition(name) to appear as: \_\_\_\_\_
- No, please keep me anonymous and do not list me as a member of The Shine on Society.

### Change of Circumstances

Should the purpose for which this gift is established cease to exist or become difficult to fulfill, Sunshine Services may modify the purposes, or re-direct use, as deemed appropriate and generally consistent with the original charitable intentions. The name(s) of the honoree(s) shall remain associated with the gift.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Designate your gift to:

**Sunshine Services**  
3000 N. Central Street  
Knoxville, TN 37917

**Federal Tax ID #:** 62-0759415

*Sunshine Services is a tax-exempt, nonprofit organization under section 501c3 of the IRS. Please make sure you clearly indicate your beneficiary wishes with your estate planner and attorney.*

### Return this form to:

**Sunshine Services**  
Development Department  
3000 N. Central Street  
Knoxville, TN 37917

**Email:** giving@sunshineknox.org

**Phone:** 865.546.9431

*Please include, or forward when available, copies of relevant portions of your estate planning documents and/or beneficiary designations.*

Thank you for your generous commitment to Sunshine Services.

Your investment will make a lasting impact, helping to create opportunities and support for future generations to thrive!